

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/31/2012
FORM APPROVED
OMB NO. 0938-0391

45th 9/16/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445237	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/30/2012
NAME OF PROVIDER OR SUPPLIER CHURCH HILL CARE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD CHURCH HILL, TN 37642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exit discharge paths were lighted so the area would not be in total darkness. The findings include: Observation and interview with the Maintenance Director, on July 30, 2012 at 10:20 a.m. confirmed no outside lights were provided at the end of the building from the 400 hall exit discharge. (NFPA 101, 7.8.1.4). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2012.</p>	K 045	<p>Director of Nursing, Nurse Educator, Medical Records Director, Rehab Manager, Social Service Coordinator, Minimum Data Set Nurse, Dietary manager, Activity Director, Maintenance Supervisor and Environmental Director.</p> <p>The Assistant Director of Nursing and/ or the Director of Nursing will complete audits on cleaning and disinfecting equipment prior to returning items to the treatment cart 4 times a week x 4 weeks then 4 times a month x 2 months and / or until 100% compliance is met All findings will be reported at the monthly Quality Assurance meeting comprising of the Medical Director, Administrator, Director of Nursing, Asst Director of Nursing, Nurse Educator, Medical Records Director, Rehab Manager, Social Service Coordinator, Minimum Data Set Nurse, Dietary manager, Activity Director, Maintenance Supervisor and Environmental Director.</p>		
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p>	K 050	<p>The Assistant Director of Nursing and/ or the Director of nursing will monitor the cleaning of glucometers 10 times a week x 4 weeks, then 10 times a month for 2 months and/ or 100% compliance is met. All findings will be reported at the monthly Quality Assurance meeting comprising of the Medical Director, Administrator, Director of Nursing, Asst Director of Nursing, Nurse Educator, Medical Records Director, Rehab Manager, Social Service Coordinator, Minimum Data Set Nurse, Dietary manager, Activity Director, Maintenance Supervisor and Environmental Director.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Johnna Fields, RN Administrator

8/17/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure staff was familiar with fire drill procedures. The findings include: Observation during a fire drill conducted on July 30, 2012 at 10:45 a.m. confirmed the person discovering the fire failed to call out loud the required code phrase, failed to check the bathroom, and failed to close the door to the resident's room. After the fire alarm was activated, staff failed to fully close the door to the room with the fire. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2012.	K 050	K 045 1. A lighting fixture has been installed by the Plant Operations Manager on 8/6/2102 to illuminate the means of egress including the exit discharge path so that the area would not be in total darkness at the 400 hall exit. 2. All other hall exit discharge paths were assessed for sufficient illumination by the Plant Operations Manager on 7/31/2012 and all hall exits had sufficient illumination. 3. The Administrator in-serviced the Plant Operations Manager on 7/30/2012 regarding proper illumination at hall exits.	8/23/2012	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by:	K 056	4. The Plant Operations Manager will monitor weekly x 4 weeks and then monthly to assure there is adequate illumination at the hall exit discharge paths. The Plant Operations Manager will correct any problems with illumination at the hall exit discharge paths and report any findings at the monthly Quality Assurance Performance Improvement meeting comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Coordinator, Minimum Data Set Nurse, Nurse Educator, Dietary Manager, Activity Director, Plant Operations Manager, Medical Records Director, Environmental Director, and Rehab Manager until the deficient practice is of an acceptable quality.		

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K 056	Continued From page 2 Based on observation and interview, the facility failed to assure all areas were sprinkled. The findings include: Observation and interview with the Maintenance Director on July 30, 2012 at 12:30 p.m. confirmed 3 of 4 shower rooms failed to have sprinkler coverage in the first alcove. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2012.	K 056	K 050 1. The direct staff directly involved with the fire drill conducted on 7/30/2012 was immediately in-serviced on the proper procedure during a fire drill by the Plant Operations Manager and the Nurse Educator on 7/30/2012. 2. All staff will be in-serviced on the proper procedure to be exercised during a fire drill by the Plant Operations Manager and the Nurse Educator beginning on 7/30/2012 and completed by 8/23/2012. Any new staff will be in-serviced at the time of orientation. 3. Fire drills will be conducted weekly per shift per rotation x 4 weeks to assure that all staff participates and is knowledgeable of the exercise. 4. The Plant Operations Manager and/or Administrator along with the Nurse Educator and/or Director of Nursing will observe and monitor the fire drill exercise weekly per shift per rotation x 4 weeks for compliance and findings will be reported by the Plant Operations Manager at the monthly Quality Assurance Performance Improvement meeting comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Activities Director, Nurse Educator, Dietary Manager, Plant Operations Manager, Medical Records Director and the Rehab Director until compliance has been met.	8/23/2012	
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: NFPA 96, 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1. An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons. Based on observation and interview, the facility failed to assure commercial cooking equipment was clean to bare metal. The findings include:	K 069			

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K 069	Continued From page 3 Observation and interview with the Maintenance Director, on July 30, 2012 at 8:45 a.m. confirmed the commercial cooking hood was not clean to bare metal and was not corrosion resistant, having rust on the interior surfaces and a heavy scale buildup below the grease drip tray. NFPA 96, 3-2.6 Filters shall be equipped with a drip tray beneath their lower edges. The tray shall be kept to the minimum size needed to collect grease and shall be pitched to drain into an enclosed metal container having a capacity not exceeding 1 gal (3.785 L). Based on observation and interview, the facility failed to assure commercial cooking equipment was provided with a drip tray with a collection container. The findings include: Observation and interview with the Maintenance Director in the kitchen, on July 30, 2012 at 8:45 a.m. confirmed the exhaust hood was not provided with a grease collection container (NFPA 96, 3-2.6). These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2012.	K 069	K 056 1. Complete sprinkler coverage in the shower rooms will be provided by adding one sprinkler head in each of the 3 shower rooms. The sprinkler heads were ordered on 8/15/2012 and will be installed by Simplex Grinnell on arrival. 2. All sprinkler heads throughout the facility was checked for proper placement by the Plant Operations Manager to ensure that complete coverage is provided on 7/31/2012. 3. The Plant Operations Manager and/or assistant will complete a monthly audit of the facility to ensure that sprinkler heads are placed in locations for complete coverage. 4. Any areas identified will be reported by the Plant Operations Manager and corrected to ensure compliance at the monthly Quality Assurance Performance Improvement meeting comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Coordinator, Minimum Data Set Nurse, Nurse Educator, Dietary Manager, Activity Director, Plant Operations Manager, Medical Records Director, Environmental Director, and Rehab Manager.	8/23/2012	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure extension cords and multiple outlet adapters were not used (NFPA 99, 3-3.2.1.2 (d) (2) states: There shall be sufficient	K 147			

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K 147	Continued From page 4 receptacles located so as to avoid the need for extension cords or multiple outlet adapters.) The findings include: Observation and interview with the Maintenance Director, on July 30, 2012 at 1:45 p.m. confirmed the use of a power strip with Medical equipment consisting of a nebulizer, bed air mattress, and Oxygen concentrator plugged in at resident room 109. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2012.	K 147	K 069 1. The existing hood and equipment meets the 2000 NFPA 101 2:1 requirements. 2. The inside of the kitchen hood will be cleaned to bare metal. 3. The kitchen exhaust system will be continued to be inspected twice annually by a properly trained, qualified and certified company or person acceptable to the authority having jurisdiction. The inspection and servicing of the fire extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system will continue to be made at least every 6 months by properly trained and qualified persons. 4. The Plant Operations Manager will monitor the hood weekly. Any problems or issues identified will be immediately corrected and the POM will report any findings at the monthly Quality Assurance Performance Improvement meeting comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Coordinator, Minimum Data Set Nurse, Nurse Educator, Dietary Manager, Activity Director, Plant Operations Manager, Medical Records Director, Environmental Director, and Rehab Manager.	8/23/2012	